



# New Facility Financial Commitment Form

Contributions to the Black Hills Mining Museum are deemed charitable under section 501(c) of the IRS Code as it is an approved exempt organization as described in Section 501(c)3. BHMM Tax ID# 46-032748

## I Contributor Information

Entity's Legal Name \_\_\_\_\_

Contact Person \_\_\_\_\_

Email for Contact: \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_

ST \_\_\_\_\_

Zip \_\_\_\_\_

Preferred Telephone Number \_\_\_\_\_

## II Contribution Information

We are committed to contribute financially to the Black Hills Mining Museum's New Facility project \$\_\_\_\_\_ to the very best of our abilities.

Authorized Signature \_\_\_\_\_ Title \_\_\_\_\_

Date \_\_\_\_\_

Check here if interesting in exploring options such as matching funds, naming rights, etc.

Please indicate your desired method of fulfilling your commitment.

This will be fulfilled through a single payment.

This will be fulfilled through a series of equal payments over the next \_\_\_\_\_ years. (Maximum of 5 years.) Annual payments due by March 1<sup>st</sup> of each year.

## III Contribution Terms

A 5% down payment on **all** commitments is required within 90 days of the date of this form. No further payment of the commitment will be required until after BHMM has received a total of pledges and/or receipts for its New Facility Fund of \$6,000,000. Once this notification has been made by BHMM to you, you are required within 90 days to fulfill your above indicated method of financial completion (minus your down payment) either with your one-time payment or the first of your annual installment payments. All checks are to be made payable to the Black Hills Mining Museum and marked New Facility Fund. For other possible means of payment please contact us. Unless otherwise indicated by you, these funds are **restricted** for the stated purpose related exclusively to the BHMM's New Facility project.

Check here if you want to give your expressed consent for these to be **unrestricted** funds for the BHMM. **Sign below for your consent otherwise leave blank.**

Authorized signature \_\_\_\_\_ Date \_\_\_\_\_